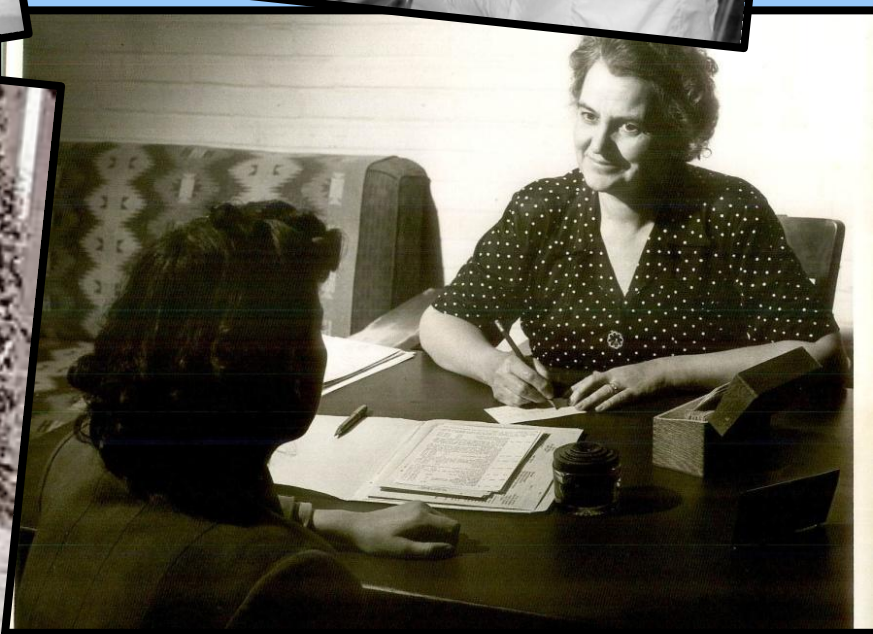
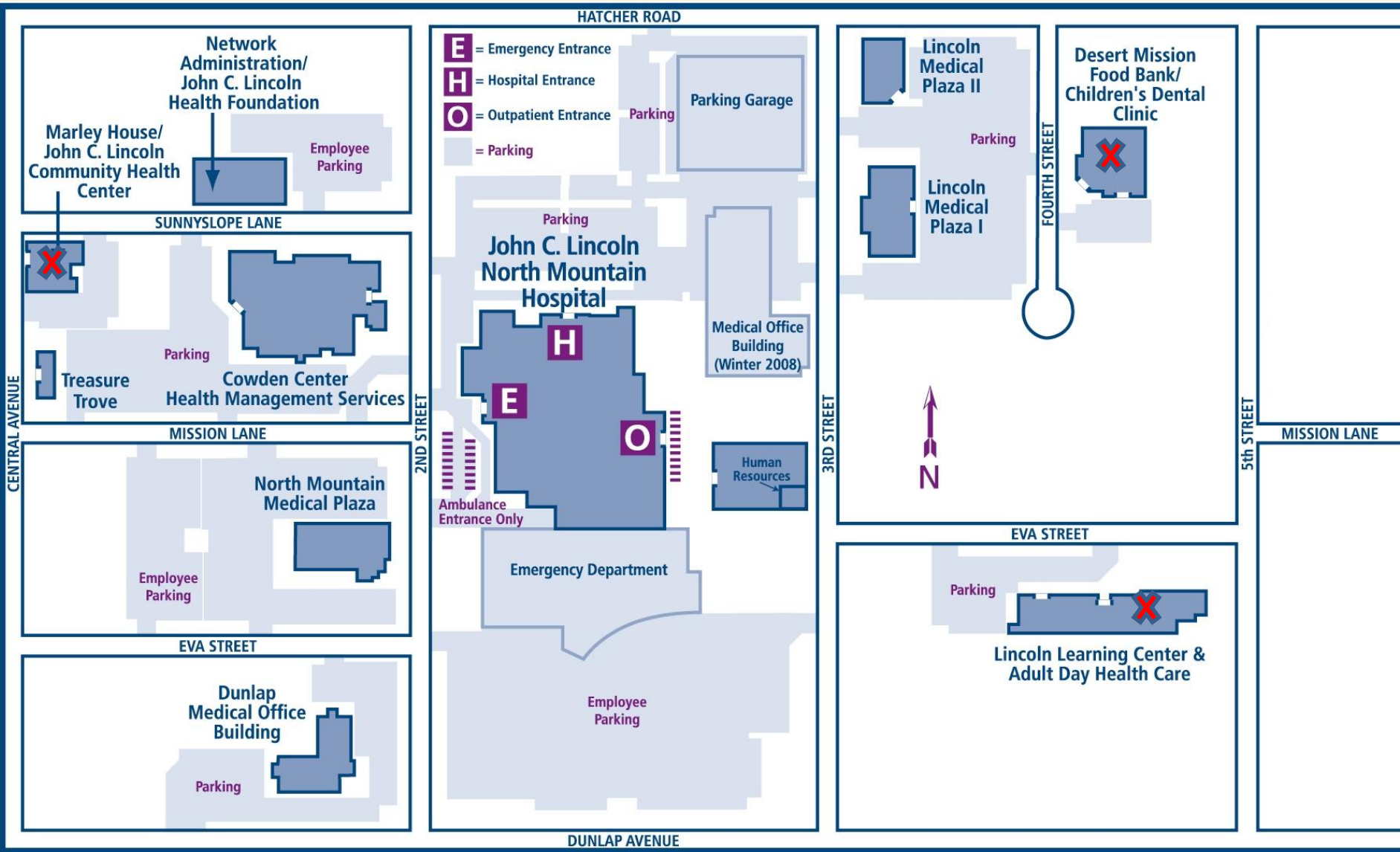


# The Desert Mission











# John C. Lincoln Health Network

## Community of Knowledge

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[Main](#) [Client Info Forms](#) [ID](#) [Labels](#) [List 1](#) [List 2](#) [Encounter List](#) [Stat Demg](#) [Stat Encounters](#) [Stat DM/Encs](#)

Client ID: 0007-5934  
 Last Name: Sample  
 First Name: Sam  
 Suffix:   
 DOB: 03/22/2002  
 Age: 8  
 Gender: M  
 SSN:   
 Combo: ID, Name, DOB  
 0007-5934, Sam Sample, 3/22/2002



☐ Homeless  Also/Previously Known As

Address: 123 Anywhere Drive

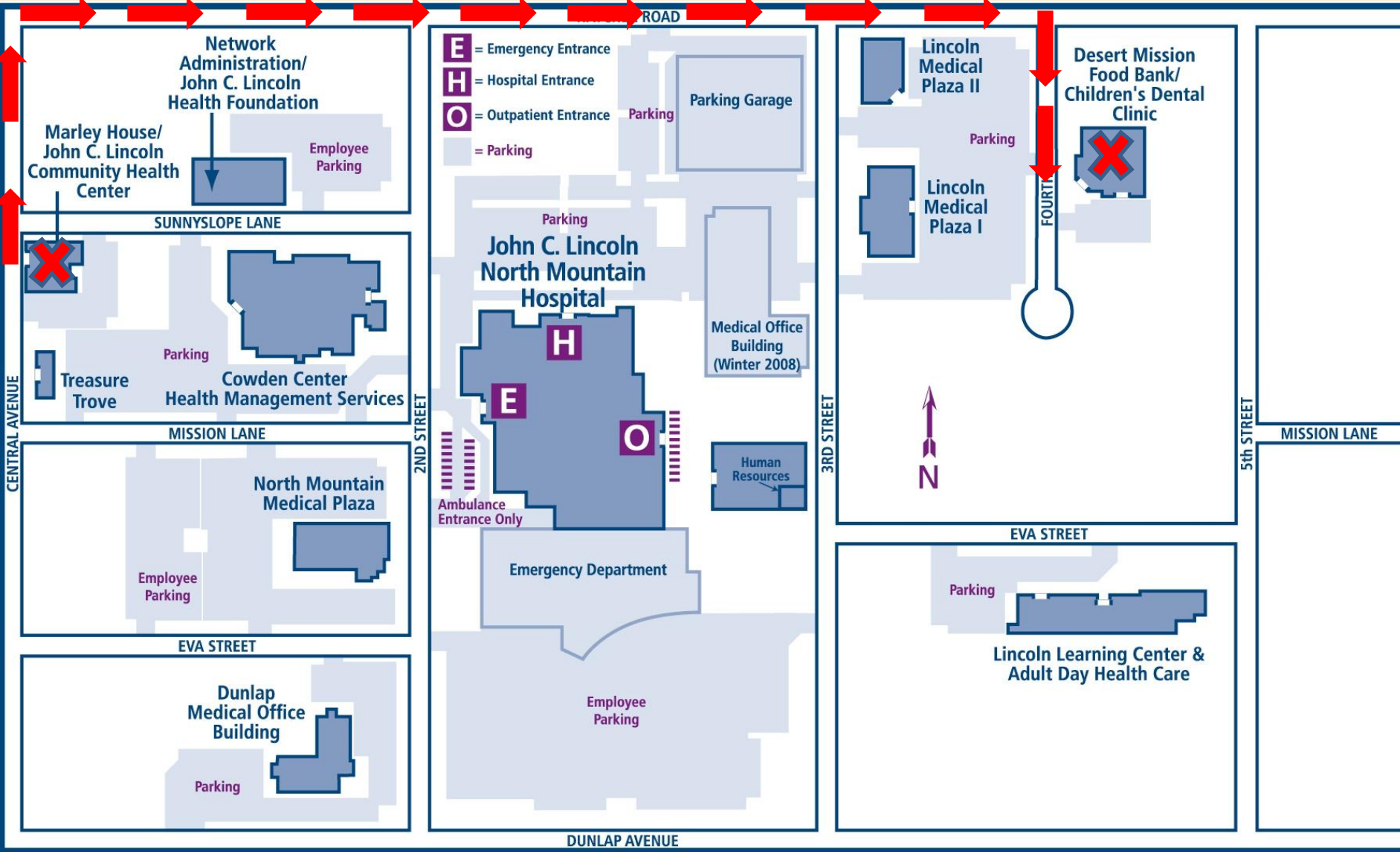
CSZ: Phoenix AZ 85021

Home Phone: (602)555-5555 Cell:   
 Work Phone: (602)555-5551 Other:   
 # times moved w/in 2 years: Within Core Area:   
 Case Worker: ☐   
 Bad Address: ☐ Deceased: ☐   
 MH Family ID: Not a Duplicate:   
 Client Annual Income: Child   
 Education Level: Not HS Grad   
 Primary Language: Spanish   
 English Spoken: Some   
 Employer:   
 Mod Log

Accessed: 07/14/2005  
 Enrollment Date: 07/13/2005  
 Orig Entered By: hwalke  
 Date Last Modified: 01/04/2011  
 Last Modified By: emanzo  
 Admin Flag:   
 Mod Log

[Demographics](#) [Household Members](#) [Encounter Log](#) [EFB](#) [Merge/Import](#) [Notes / Misc](#)

Ethnicity	Marital Status	Employment	Benefits	Insurance	Misc
<input type="checkbox"/> African Amer <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian: Chinese <input type="checkbox"/> Asian: Filipino <input type="checkbox"/> Asian: Indian <input type="checkbox"/> Asian: Japanese <input type="checkbox"/> Asian: Korean <input type="checkbox"/> Asian: Vietnamese <input type="checkbox"/> Asian: Other <input type="checkbox"/> Hispanic: Cuban	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Single Parent <input type="checkbox"/> Living Together <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Worked w/in 6 mo <input type="checkbox"/> In Job Training <input type="checkbox"/> Student/Post HS <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Retired <input type="checkbox"/> Unknown	<input type="checkbox"/> AHCCCS <input type="checkbox"/> AZ Works <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Child Care <input type="checkbox"/> Disability <input type="checkbox"/> Food Stamps <input type="checkbox"/> Head Start <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> WIC <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Pregnant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> NA











**Desert Mission**  
JOHN C. LINCOLN HEALTH NETWORK

9201







  
**Desert Mission**  
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9201





# One Door Opens All Doors



Record 3 of 3

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**John C. Lincoln Health Network**  
Community of Knowledge

Main Find Wizard Lists Resources Admin Tools Log Out

CHS Calendar Comm Dev Dental Clinic DMFB LLC Marley House

Main Client Info Forms ID Labels List 1 List 2 Encounter List Stat Demg Stat Encounters Stat DM/Encs

Client ID: 0007-5934 Last Name: Sample First Name: Sam Suffix: DOB: 03/22/2002 Age: 8 Gender: M SSN:   
Combo: ID, Name, DOB  
0007-5934, Sam Sample, 3/22/2002

Address: 123 Anywhere Drive  
CSZ: Phoenix AZ 85021  
Home Phone: (602)555-5555 Cell: Work Phone: (602)555-5551 Other:   
# times moved w/in 2 years: Within Core Area:   
Case Worker:   
Bad Address: Deceased:   
MH Family ID: Not a Duplicate:   
Also/Previously Known As:   
Client Annual Income: Child  
Education Level: Not HS Grad  
Primary Language: Spanish  
English Spoken: Some  
Employer:   
Accessed: 07/14/2005  
Enrollment Date: 07/13/2005  
Orig Entered By: Inactive  
Date Last Modified: 01/04/2011  
Last Modified By: jemanzo  
Admin Flag:   
Mod Log

Demographics Household Members Encounter Log EFB Merge/Import Notes / Misc

Ethnicity	Marital Status	Employment	Benefits	Insurance	Misc
<input type="checkbox"/> African Amer	<input type="checkbox"/> Single (never married)	<input type="checkbox"/> Employed	<input type="checkbox"/> AHCCCS	<input type="checkbox"/> Medical	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Amer Indian	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Unemployed	<input type="checkbox"/> AZ Works	<input type="checkbox"/> Dental	<input type="checkbox"/> Disabled
<input type="checkbox"/> Asian: Chinese	<input type="checkbox"/> Living Together	<input type="checkbox"/> Worked w/in 6 mo	<input type="checkbox"/> Cash Assistance	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Veteran
<input type="checkbox"/> Asian: Filipino	<input type="checkbox"/> Married	<input type="checkbox"/> In Job Training	<input type="checkbox"/> Child Care	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
<input type="checkbox"/> Asian: Indian	<input type="checkbox"/> PT: Hawaiian	<input type="checkbox"/> Separated	<input type="checkbox"/> Disability		
<input type="checkbox"/> Asian: Japanese	<input type="checkbox"/> PT: Guam/Chamorro	<input type="checkbox"/> Student/Post HS	<input type="checkbox"/> Food Stamps		
<input type="checkbox"/> Asian: Korean	<input type="checkbox"/> PT: Samoan	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Head Start		
<input type="checkbox"/> Asian: Vietnamese	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Divorced	<input type="checkbox"/> Social Security		
<input type="checkbox"/> Asian: Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Widowed	<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Hispanic: Cuban	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Child	<input type="checkbox"/> VHC		
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Other		
			<input type="checkbox"/> Not Applicable		

New Save Delete Find Sort Print Undo Cut Copy Paste Help

First Prev Next Last

Record 3 of 3